



stratfordroadpta@hotmail.com

www.stratfordroadpta.com

District website: www.pobschools.org

CHECK REQUEST FORM

For Payment: Please submit this form with receipts or invoices attached to:

Lisa Lieberman, Treasurer Stratford Road PTA

Name: _____ Date: _____ # Receipts: _____

Category/
Description _____ Amount: \$ _____

Category/
Description _____ Amount: \$ _____

Category/
Description _____ Amount: \$ _____

TOTAL: \$ _____

Check One: Please Mail Check* _____ I will pick up check** _____

Make Check Payable to: _____

Address: _____

* You must include your address if you would like the check mailed.

** To make arrangements to pick up check, please call 917-478-7890 or email
lisa.lieberman@iany.com

CHECK # _____ (for Treasure's use only)